

South Central Behavioral Health Region Mental Health and Disability Services

**Amended Annual Service and
Budget Plan FY 2015**

Serving Appanoose, Davis and Wapello Counties

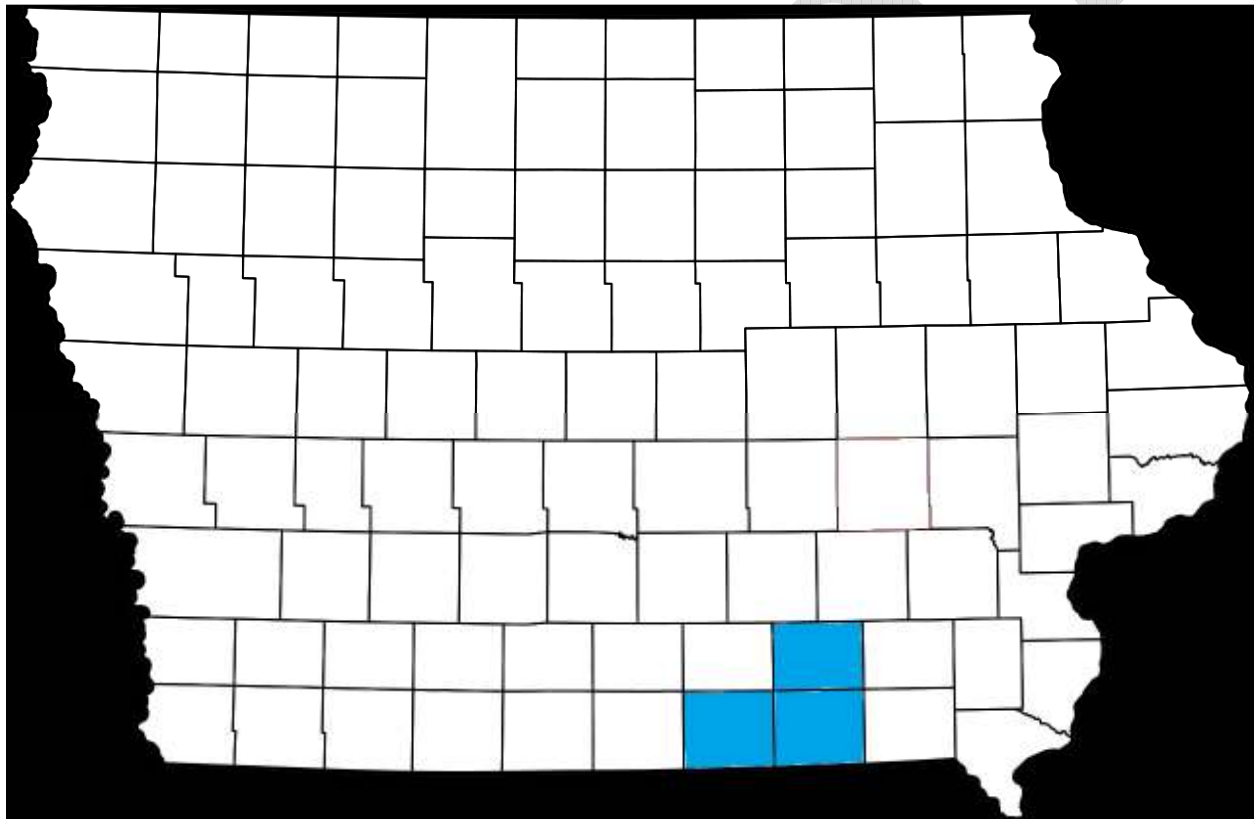


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INTRODUCTION

South Central Behavioral Health Region (hereafter referred to as SCBHR) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the SCBHR Management Plan comprised three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual. The Annual Service and Budget Plan includes the services to be provided and the cost of those services, local access points, Targeted Case Management agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions.

The Annual Service and Budget Plan has been approved by the SCBHR Governing Board and is subject to approval by the Director of Human Services.

The SCBHR Management Plan are available in each local SCBHR office.

ACCESS POINTS

SCBHR shall designate access points. An access point is a part of the service system or community that shall be trained to complete the MH/DD funding applications for persons with a disability and forward them to the local SCBHR Office.

Access Point	Address	Phone number
Appanoose County Community Service Office	209 E Jackson Street, Centerville Iowa 52537	1-641-856-2085
Community Health Center of Southern Iowa-Appanoose	221 East State Center, Centerville Iowa 52537	1-641 856 6471
Centerville Community Betterment	1111 N. Haynes Ave, Centerville, Iowa 52544	1-641-437-1051
Davis County Community Service Office	100 Courthouse Square, Bloomfield Iowa 52537	1-641-895-1690
Davis County Hospital E.R	509 N Madison Street, Bloomfield Iowa 52537	1-641-664-2145
Mercy Medical Center E.R	One Street Joseph's Dr. Centerville, Iowa 52544	1-641-437-4111
Ottumwa Regional Hospital E. R	1001 Pennsylvania Ave, Ottumwa Iowa 52501	1-641-682-7511
Paula Gordy-LLC	208 S. Madison Street, Bloomfield, Iowa 52537	1-641-664-2490
Paula Gordy-LLC	501 North 12 th , Centerville Iowa	1-641-856-2437
Southern Iowa Mental Health Center	110 E Main, Ottumwa Iowa 52501	1-641-682-8772
Wapello County Community Service Office	102 E. Main, Ottumwa Iowa 52501	1-641-683-4576

TARGETED CASE MANAGEMENT (IAC 441-25.21(1)g)

SCBHR, Chief Executive Officer has evaluated interested agency and made a recommendation to the SCBHR Governing Board, who designated a Target Case Management agency to offer services to individuals enrolled in the Medicaid Program.

SCBHR shall offer a choice and access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. SCBHR shall designate Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program.

Designated Case Management agencies serving the SCBHR must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441

Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance and community residency of the individuals receiving the service

- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g which may include the use of electronic recording keeping and remote or internet based training

SCBHR has identified and designated the following providers for case management in SCBHR:

- Southeast Iowa Case Management
207 E. 2nd, Suite 3
Ottumwa, Iowa 52501
641-684-6399
- Southeast Iowa Case Management
103 S. Clinton Street
Albia, Iowa 52531
641-932-5697

Crisis Planning

Emergency Services

Current basic crisis response provisions, including 24 hour access to crisis response and evaluation, is provided through Community Mental Health Centers and providers listed below.

AREA	Location	Address	Phone number
Appanoose	Mercy Medical Center E.R	One Street Joseph's Dr. Centerville, Iowa 52544	641-437-4111
Appanoose	Paula Gordy-LLC	501 North 12 th , Centerville Iowa 52537	641-856-2688
Appanoose	Centerville Community Betterment	1111 n. Hayes, Centerville, Iowa 52544	1-641-437-1051
Appanoose	Community Health Center of Southern Iowa	221 East State Center, Centerville Iowa 52537	1-641 856 6471
Davis	Davis County Hospital E.R	509 N. Madison Street, Bloomfield Iowa 52537	641-664-2145
Davis	Paula Gordy-LLC	208 S. Madison, Bloomfield, Iowa 52537	641-664-2490
Wapello	Southern Iowa Mental Health Center	110 E Main, Ottumwa Iowa 52501	641-682-8772
Wapello	Ottumwa Regional Hospital E. R	1001 Pennsylvania Ave, Ottumwa Iowa 52501	641-682-7511

Current Crisis Services

In October of 2013 the Region began taking steps to provide a continuum of care for citizens with mental health issues in crisis that will:

- a) Identify the level of service necessary to alleviate patient symptoms.
- b) Provide a new level of care besides inpatient or outpatient counseling – A Stabilization Unit.
- c) Provide immediate treatment to prevent the progression of symptoms.
- d) Provide services at a local level through use of a continuum of care as much as possible.
- e) Educate the community on mental health issues.
- f) Develop a holistic system using current services that can provide a continuum of care that can be emulated by other rural settings.
- g) Provide pre and post statistical information that will measure the cost effectiveness of this approach to services.

SCBHR provides Emergency Pre-Screening of mentally ill individuals. Clerk of Court and County Sheriff Officers contact the local Community Services Office to request for assistance in education to loved one/spouses/caregiver, etc to educate them to soft services in the community that may meet the need of the person that they are exploring filing a MH Court Committal on. Also, they are educated to what a MH Court Committal means to the person being filed on and how it affects their rights. At that time if the applicants still feel that a court committal is appropriate then they are assured that it is their decision. If they choose not to file; then they are encouraged or supported in another option of soft touch to the person that they are concerned about.

The SCBHR developed, in collaboration with Mercy Medical Center – Centerville, Iowa and Davis County Hospital, Bloomfield, Iowa, contracts that enabled local licensed mental health treatment providers to complete accreditation process to help the ER personnel assess and diagnose mentally ill patients for appropriateness for inpatient treatment. If the evaluation process identifies a lower level of treatment the On Call therapist makes appropriate contacts/referrals to services locally that are immediately available to patients.

To open April 1, 2014 the Oak Place five bed 24/7 stabilization home as a diversion service to mental health inpatient hospitalization. This level of service would give mental health patients who are in crisis because of psych-social issues a short term bed in the community. The program would offer therapy daily by a licensed mental health therapist in addition to a safe place to stay, medication management, connections to county relief funds for tangible help with rent, utilities, transportation, food and other needs as identified.

SCBHR will begin designing and implementation of a Jail Diversion program in all of the counties identified in the region. July 1st, 2014 is the target for implementation date.

Future Planning

- Identifying existing programs and services currently available in the region related to that service need
- Conducting a service assessment
- Developing a plan for implementing/providing that service in the region
- Recommending a time line for implementation.

Scope of Services and Budget for FY 15

SCBHR is in the development stage of standardization and regionalization. The FY 15 budget was developed at the local level with input and collaboration with stakeholders to assess need. As the funder of non-Medicaid services, SCBHR is the funder of last resort. SCBHR recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

SCBHR shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars. SCBHR shall be the funder of last resort and regional funds shall not replace other funding that is available. An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support.

Service Matrix

Priority Services (IC331.25.3)	Description	Total	Estimated Clients Served	Access Standards
Assessment and evaluation (Psychiatric or Psychological Evaluations and Standard functional Assessment)	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	\$38,800.00	52	Assessment completed within 90 days of notice of enrollment. Individual who has received inpatient treatment shall be assessed within 4 weeks.
*Crisis Care Coordination	Service provided during an acute crisis episode that facilitates working together to organize a plan and service transitions programing, including working agreements with inpatient behavioral health units and other community programs. The services shall include referrals to mental health services and other supports necessary to maintain community-based living capacity, including case management as defined herein.	12,000.00	93	

Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	46,700.00	186	Within 24 hours
Day habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	40,200.00	20	
*Emergency Care	Medical services rendered under unforeseen conditions which require hospitalization for the treatment of accidental injury and relief of acute pain, which, if not immediately diagnosed and treated, would result in risk of permanent danger to the patient's health.	45,800.00	151	Provider has to call within a 24 hour admit

*Family support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	27,200.00	201	Individuals receiving recovery service shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in a rural area.
*Health homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	12,000.00	151	Individuals receiving recovery service shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility.
Home and vehicle modification	a service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	17,550.00	17	Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.

*Home health aide services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	11,550.00	100	
Health Supplies	Medical Supplies, Glasses, Hearing Aides, Etc.	1800.00	4	
Job development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	33,500.00	250	Referral shall be within 60 days of request for such service.

Medication management	services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.	21,950.00	288	
Medication prescribing	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	21,950.00	288	Standardized Assessment support the need for this service
Mental health inpatient treatment	Acute inpatient mental health services are 24-hour settings that provide services to individuals With Acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.	274,000.00	59	Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a contract, SCBHR shall reimburse at the current Medicaid rate.

Mental health outpatient therapy	Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	293,200.00	1313	Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
*Peer support services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	14,200.00	50	Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in rural area.
*Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	11,850.00	10	
Prevocational services	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	99,000.00	15	
Respite Services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	15,850.00	20	

Supported Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	36,200.00	25	First appointment shall occur within 4 weeks of the request.
Supported Community Living Services	Services provided in a non-institutional setting to adult persons with mental illness, mental retardation, or developmental disabilities to meet the persons' daily living needs.	67,000.00	52	First appointment shall occur within 4 weeks of the request.
Twenty four hour crisis response		Included in Block Grant		24 hours a day, 365 days a year provided through community mental health centers.
Commitment Related (Evaluations, Sheriff Transport, MH Advocates)	Court ordered services related to mental health commitments	163,700.00	25	Court order

Priority 2 or/Beyond Core Services	Description	Amount	Estimated Client Served	Access Standards
*Community Based Crisis Intervention Services	Program designed to stabilize an acute crisis episode and to restore an individual and family to their pre-crisis level of functioning. Crisis services are available 24 hours a day, 365 a year, including telephone and walk in crisis service and crisis care coordination	1,000,000.00	Implementation and Development	
Voluntary Dual Diagnosis treatment (Mount Pleasant)	Treatment services for severe mental illness (mainly psychotic disorders) and problematic drug and/or alcohol use.	Included in Hospital cost		Voluntary Dual Diagnosis treatment at Mt Pleasant MHI, must have prior approval from SCBHR, two inpatient MH acute stay, two inpatient substance abuse treatment stays and be voluntary and willing to participate in programming. A prescreening must be completed by the designated Community Mental Health Center
Transportation	Transportation to day habilitation and vocational programs	15,100.00	58	
A. Basic Needs Rent/Utilities B. Basic Needs Rent/Utilities (ongoing)	Assistance to rent, utilities, etc.	29,200.00	58	A. Follow General Assistance Guidelines B. In order to receive ongoing assistance a applicant will need to have Standardized Functional Assessment to support the need for this service within the framework of individual treatment need. Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement

				Agreement with a county or the region and submitted a medical exemption for Medicaid, and be involved in a IHH.
Consultation	Advisory activities directed to a service provider to assist the provider in delivering services to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization.	96,150.00	Block Grant	
Public Education Services	To educate the general public about the realities of mental health and mental illness.	26,400.00	Block Grant	
Service Management	Is used for activities designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management as defined by the Mental Health and intellectual Disability commission.	71,828.00	113	
*Family Psych education	Services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and mental health Services Administration	12,600.00	15	
*Group Supported Employment	The job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	12,700.00	50	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

Psychiatric Rehabilitation	Is for individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or residential setting, and to promote the consumer's receiver of the ability to perform a valued role in society. Intensive Psychiatric Rehabilitation (IPR), Assertive Community Treatment Teams (ACT)	17,500.00	15	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan
Physiological Treatment	Is used for activities designed to prevent, halt, control, relieve or reverse symptoms or conditions which interfere with the normal physiological funding of the human body. Example: Dental, Doctor, X-ray, labs, (not psychiatrist)	19,500.00	15	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan
Prescription Medicine	Prescription psychiatric medications for persons having a mental health diagnosis	112,000.00	100	Unable to pay co-payments on Medicaid
Residential Care Facilities	Community facility providing care and treatment	280,000.00	50	functional assessment must support the need for services of the type and frequency identified in the individual's case plan funding is limited to 90 days to allow for individualized and integrated service eligibility to be established
Peer Drop In	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	50,000.00	187	

Sheltered Workshop Services	For services provided by a facility carrying out a recognized program of rehabilitation, habilitation, or education for persons with disabilities, designed to lead to competitive employment, or provision of long-term, remunerative employment.	34,000.00	25	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan
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\$3,082,978.00

Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

*Indicates new services

During the assessment and planning process other types of funding and or insurance may be identified to include but not limited to County, State, Regional and private funding. If no available funding and or insurance is available, and or a combination of these funds are not available the Region will be responsible for payment of services identified in the above Priority and Beyond Priority Service Matrix.

Administration		Appanoose	Davis	Wapello	Regional
10000-04411-100-60-031(Jen)	Direct Admin-Salary Regular Employees	\$30,000.00	\$20,000.00	\$49,968.00	
10000-04411-100-60-033(Karen)	Direct Admin-Salary Regular Employees			\$29,244.00	
10000-04411-100-60-035(Lee Ann)	Direct Admin-Salary Regular Employees			\$26,832.00	
10000-04411-110-60-000(7.65%)	Direct Admin-FICA-County Contribution	\$1,000.00	\$500.00	\$8,113.00	
10000-111-60-000(8.93%)	Direct Admin-IPERS-County Contribution	\$1,200.00	\$1,000.00	\$9,470.00	
10000-04411-113-60-000	Direct Admin-Employee Group Hlth Insurance- County Contribution			\$50,955.00	
10000-04411-250-60-000	Direct Admin-Fuels(Motor Vehicle Supplies)			\$1,000.00	
10000-04411-251-60-000	Direct Admin-Lubricants(Motor Vehicle Supplies)				
10000-04411-253-60-000	Direct Admin-Tires & Amp: Tubes(Motor Vehicle Supplies)				
10000-04411-254-60-000	Direct Admin-Minor Motor Vehicle Parts & amp; Accessories			\$1,000.00	
10000-04411-260-60-000	Direct Admin-Stationary/Forms/General Office	\$2,000.00		\$10,000.00	
10000-04411-290-60-000	Direct Admin-Minor Equipment & amp; Hand tools			\$5,000.00	
10000-04411-293-60-000	Direct Admin-Safety & amp; Protective Supplies			\$500.00	
	Direct Admin-Publications Notices & amp; Advertisements			\$500.00	
	Direct Admin- Typing Printing & amp; Binding Services				
10000-04411-412-60-000	Direct Admin-Postage & amp; Mailing	\$1,000.00	\$500.00	\$1,000.00	

10000-04411-413-60-000	Direct Admin- Mileage & Other Travel Expense			\$5,000.00	
10000-04411-414-60-000	Direct Admin-Telecommunications Services	\$3,000.00		\$5,000.00	
10000-04411-420-60-000	Direct Admin-Accounting Auditing & Clerical Services				
10000-04411-422-60-000	Direct Admin-Educational & Training Services	\$500.00	\$200.00	\$2,500.00	
10000-04411-441-60-000	Direct Admin-Buildings & Grounds(Repair)	\$1,500.00			
10000-04411-444-60-000	Direct Admin-Office Equipment(Repair)	\$10,000.00		\$2,500.00	
10000-04411-462-60-000	Direct Admin-Property Insurance				
10000-04411-463-60-000	Direct Admin-Equipment Insurance				
10000-04411-471-60-000	Direct Admin-Custodial Services			\$2,000.00	
10000-04411-480-60-000	Direct Admin-Dues & Membership Service	\$500.00	\$200.00	\$7,000.00	
10000-04411-487-60-000	Direct Admin-Licenses & Permits				
10000-04411-489-60-000	Direct Admin-Miscellaneous		\$500.00		
10000-04413-101-60-000	Direct Admin-Service Fund	\$20,000.00			
41500-0441-100-60-000	Direct Administrative				\$23,667.00
	Totals	\$70,700.00	\$22,900.00	\$217,582.00	\$23,667.00
	Grand Totals				\$334,849.00

Administration Budget FY 2015 Projected Revenue

FY15 Revenues

County	\$47.28 Per Capita	SPP	Fund Balance
Appanoose	\$605,042.00	\$15,105.00	\$772,405.69
Davis	\$415,449.00	\$85.00	\$403,717.93
Wapello	\$1,674,705.00	\$171,101.00	\$691,565.77

Financial Forecasting

Historical service utilization is the starting point for all financial projections. However, recent changes in the system including transition to residency and Iowa Health and Wellness Plan have provided challenges to using historic data.

Throughout the year SCBHR staff, the regional advisory board and local stakeholders will identify unmet needs and areas for service development, and accounting for legislative action which will be incorporated into subsequent budgets.

Provider Reimbursement Provisions

Each service provider shall provide monthly billing invoices within 60 days of service provision, and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Dates of service.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual. Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the Region for each individual for the period.

SCBHR staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

All eligible bills shall be paid within 60 days of receipt of required documentation unless unforeseen circumstances exist.

No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by SCBHR unless there is a statutory obligation. Fiscal year for SCBHR is July 1 – June 30.

It is the intent of SCBHR that only SCBHR staff shall authorize services for residents of the SCBHR region. Due to that, it is the policy of SCBHR that if another county, region, or the State, determines residency in error or approves services for persons who do not have residency in their region, SCBHR may not assume retroactive payment. When written notification is received by SCBHR of the error, SCBHR staff shall authorize services according to the policies and procedures set forth in this manual.

SCBHR will contract with MH/DS providers whose base of operation is in the region. SCBHR may also honor contracts that other regions have with their local providers or may choose to contract with providers outside of the Region. A contract may not be required with providers that provide one-time or as needed services.

SCBHR uses a mix of fee-for-service, and capitated case rates for most of its services. It provides block grants only for specific population based activities where billing by individual served is impossible or impracticable.

SCBHR intends to with the help of Department of Human Services to incorporated all sources of funding including medical assistance program funding, Integrated Health Home, etc so a person can be receive a whole person approach

SCBHR service contracts require that all providers meet all applicable licensure, accreditation or certification standards; however SCBHR makes serious efforts to stimulate access to more natural supports in its service provider network. Successful attainment of positive outcomes, consumer and family satisfaction, and cost effectiveness measures are the most important factors in continued network participation. SCBHR has identified access points within the provider network to assist individuals or their representatives to apply for services.

SCBHR has identified the following providers currently contracting with the region. Additional providers may be added throughout the year as services are developed to meet the continuum of service needs of individuals.

Agency	
American Gothic Home Health Care	Optimae
Caremark	Mediapolis
Centerville Community Betterment	RX Outreach
Community Health Center of Southern Iowa	Paula Gordy
Crest	Psychological Services of Ottumwa
Davis County Hospital	Riverhills Community Medical Center
First Resources	Southeast Iowa Case Management
Insight	Southern Iowa Mental Health Center
Jackie Sharp	Sandy Heller
Mercy Medical Center in Centerville	Tenco
Monica Shelton	
New Focus	